



DEPARTMENT OF THE AIR FORCE  
59TH MEDICAL WING (AETC)  
JOINT BASE SAN ANTONIO - LACKLAND TEXAS

9 MAY 2016

MEMORANDUM FOR ST

ATTN: COL BRENDA MORGAN

FROM: 59 MDW/SGVU

SUBJECT: Professional Presentation Approval

1. Your paper, entitled Treatment Seeking Beliefs and Behaviors in Air Force Nursing Personnel presented at/published to San Antonio Military Health System and Universities Research Forum (SURF) 20 May 2016, San Antonio, TX with MDWI 41-108, and has been assigned local file #16188.
2. Pertinent biographic information (name of author(s), title, etc.) has been entered into our computer file. Please advise us (by phone or mail) that your presentation was given. At that time, we will need the date (month, day and year) along with the location of your presentation. It is important to update this information so that we can provide quality support for you, your department, and the Medical Center commander. This information is used to document the scholarly activities of our professional staff and students, which is an essential component of Wilford Hall Ambulatory Surgical Center (WHASC) internship and residency programs.
3. Please know that if you are a Graduate Health Sciences Education student and your department has told you they cannot fund your publication, the 59th Clinical Research Division may pay for your basic journal publishing charges (to include costs for tables and black and white photos). We cannot pay for reprints. If you are 59 MDW staff member, we can forward your request for funds to the designated wing POC.
4. Congratulations, and thank you for your efforts and time. Your contributions are vital to the medical mission. We look forward to assisting you in your future publication/presentation efforts.

LINDA STEEL-GOODWIN, Col, USAF, BSC  
Director, Clinical Investigations & Research Support

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### INSTRUCTIONS

**USE ONLY THE MOST CURRENT 59 MDW FORM 3039 LOCATED ON AF E-PUBLISHING**

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  - b. In Section 2, there may be funding available for journal costs, if your department is not paying for figures, tables or photographs for your publication. Please state "YES" or "NO" in Section 2 of the form, if you need publication funding support.
2. Print your name, rank/grade, sign and date the form in the author's signature block or use an electronic signature.
3. Attach a copy of the 59 MDW IRB or IACUC approval letter for the research related study. If this is a technical publication/presentation, state the type (e.g. case report, QA/QI study, program evaluation study, informational report/briefing, etc.) in the "Protocol Title" box.
4. Attach a copy of your abstract, paper, poster and other supporting documentation.
5. Save and forward, via email, the processing form and all supporting documentation to your unit commander, program director or immediate supervisor for review/approval.
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**NOTE:** All abstracts, papers, posters, etc., should contain the following disclaimer statement:

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**"The voluntary, fully informed consent of the subjects used in this research was obtained as required by 32 CFR 219 and DODI 3216.02\_AFI 40-402."**

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**PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS**

1. TO: CLINICAL RESEARCH	2. FROM: (Author's Name, Rank, Grade, Office Symbol) Brenda Morgan, Col, O6, 59MDW/ST	3. GME/GHSE STUDENT:	4. PROTOCOL NUMBER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO UNM HSC 14-009
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5. PROTOCOL TITLE: (NOTE: For each new release of medical research or technical information as a publication/presentation, a new 59 MDW Form 3039 must be submitted for review and approval.)

Resilience, Stigma and Barriers to Mental Health Care in Air Force Nursing Personnel

6. TITLE OF MATERIAL TO BE PUBLISHED OR PRESENTED:

Treatment Seeking Beliefs and Behaviors in Air Force Nursing Personnel

7. FUNDING RECEIVED FOR THIS STUDY?  YES  NO FUNDING SOURCE:TSNRP/ #N14-P17

8. DO YOU NEED FUNDING SUPPORT FOR PUBLICATION PURPOSES:  YES  NO

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San Antonio Military Health System and Universities Research Forum (SURF), 20 May 2016, San Antonio Tx

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15. AUTHORSHIP AND CO-AUTHOR(S) List in the order they will appear in the manuscript.

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e.			
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17. AUTHOR'S SIGNATURE

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18. DATE

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KILLIAN,JACQUELINE,M.1050091  
976

21. DATE

April 25, 2016

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Christopher Carwile, TSgt/E-6, NCOIC, PA

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ART.1280477229

May 03, 2016

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# Treatment Seeking Beliefs and Behaviors in Air Force Nursing Personnel

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- Access to the Research Data Capture (REDCap) tools, hosted at the UNM Health Sciences Center Clinical and Translational Science Center with grant support (DHHS/NIH/NCRR #UL1TR001449)
- Survey Control Number for this effort is AF14-135SGN
- Cooperative Agreement (CRADA, DTTIS #: 14-SG-217-C14006): AF Surgeon General – UNM
- Chief Nurses and nursing staff support: 60<sup>th</sup>, 88<sup>th</sup>, and 779<sup>th</sup> MDGs

# Disclaimers

- The views expressed are those of the researchers and do not necessarily reflect the official policy or position of the Department of the Air Force, Department of Defense, U.S. Government or the TriService Nursing Research Program.
- The voluntary, fully informed consent of subjects used in this research was obtained as required by 32 CFR 219 and DoDI 3216.02\_AFI 40-402, Protection of Human Subjects in Biomedical and Behavioral Research.
- Conflicts of Interest: None

# Research Question and Specific Aims

- To what extent are perceptions of stigma and barriers to accessing mental health (MH) services, perceived stress, and resilience related to mental health treatment-seeking by AF nursing personnel?
- To assess the extent accessing MH services in AF nursing personnel are influenced by:
  - Perceived stigma and barriers to care
  - Resilience
  - Perceived stress
  - Demographic characteristics
  - Military grade
  - Previous deployment

# Methods

- Descriptive, comparative design
- Guided by a modified version of the Theory of Planned Behavior<sup>1</sup>
- Data collected via an anonymous, online survey
- Principal investigator traveled to each site to speak with available AF nursing staff and answer potential participants' questions
- Supporting liaison at each site e-mailed survey information to potential participants who were asked to complete:
  - Demographic items
  - Stigma and Barriers to Care scales
  - Conner-Davidson Resilience Scale (CD-25)
  - Perceived Stress Questionnaire (PSQ)
  - Views of Psychological Problems (VPP)
  - Attitudes Towards Treatment Seeking (ATTs)
- Statistical Analysis: Assessment of descriptive statistics and *t*-test, MANOVA, Pearson's *r*, or Logistic Regression, as appropriate



# Sample Characteristics (n=250)

Gender	
Male	86 (34.4%)
Female	161 (64.4%)
Unknown	3 (1.2%)
Race	
American Indian/Alaskan Native	9 (3.6%)
Asian	18 (7.2%)
Black	33 (13.2%)
Hawaiian or Pacific Islander	3 (1.2%)
White	196 (78.4%)
More than 1	15 (6%)
Ethnicity	
Hispanic or Latino/Latina	22 (8.8%)
Not Hispanic or Latino/Latina	226 (90.4%)
Unknown	2 (0.8%)
Military Grade	
Officer	141 (56.4%)
Enlisted	104 (41.6%)
Unknown	5 (2%)

# Sample Characteristics (n=250)

<b>Deployed since 9/11</b>	144 (57.6%)
<b>Number of months deployed</b>	
<b>≤ 12 months</b>	90 (36%)
<b>13-24 months</b>	45 (18%)
<b>25-36 months</b>	6 (2.4%)
<b>≥ 36 months</b>	4 (1.6%)
<b>Awarded expeditionary medal</b>	122 (48.8%)
<b>Ever Accessed MHS</b>	113 (42.2%)
<b>Before military</b>	6 (5.3%)
<b>During service, not R/T deployment</b>	69 (61.1%)
<b>Predeployment</b>	3 (2.7%)
<b>Postdeployment</b>	31 (27.4%)
<b>Currently experiencing a stress or an emotional problem</b>	117 (43.7%)
<b>Mild</b>	27 (23.1%)
<b>Moderate</b>	74 (63.2%)
<b>Severe</b>	16 (13.7%)
<b>Sought MHS for current stress or emotional problem ≤ 6 months</b>	32 (27.4%)
<b>Would access MHS or counseling next 30 days (n=238)</b>	
<b>Very Unlikely</b>	135 (50.4%)
<b>Unlikely</b>	45 (16.8%)
<b>Neither Likely nor Unlikely</b>	30 (11.2%)
<b>Likely</b>	11 (4.1%)
<b>Very Likely</b>	17 (6.3%)

# Scales' Mean, SD, and $\alpha$

Scale	Mean (SD)	Possible Score Range	$\alpha$
<b>Stigma Scale (n=250)</b>	3.1 (.88)	1 – 5	.86
<b>Barriers to Care Scale (n=250)</b>	2.1 (.74)	1 – 5	.73
<b>CD-RISC (n=246)</b>	75.4 (12.68)	0 – 100	.92
<b>PSQ (n=239)</b>	.43 (.18)	0 – 1	.95
<b>VPP (n=234)</b>	12.8 (3.31)	5-25	.68

# ATTs and Subjective Norms

	<i>n (%)</i>
<b>Current attitude toward seeking treatment</b>	
<b>Very Negative</b>	<b>15 (6.3)</b>
<b>Negative</b>	<b>24 (10.1)</b>
<b>Slightly Negative</b>	<b>39 (16.4)</b>
<b>Neutral</b>	<b>53 (22.3)</b>
<b>Slightly Positive</b>	<b>31 (13.0)</b>
<b>Positive</b>	<b>58 (24.4)</b>
<b>Very Positive</b>	<b>18 (7.6)</b>
<b>Most people who are important to me would think I should seek treatment if I were having a psychological problem.</b>	
<b>Strongly Disagree</b>	<b>8 (3.4)</b>
<b>Disagree</b>	<b>14 (5.9)</b>
<b>Somewhat Disagree</b>	<b>14 (5.9)</b>
<b>Neither Agree or Disagree</b>	<b>44 (18.5)</b>
<b>Somewhat Agree</b>	<b>49 (20.6)</b>

# VPP Item Responses

Item	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
<b>Psychological problems, like many things, tend to work out by themselves. (n=239)</b>	19 (7.9%)	77 (32.2%)	86 (36.0%)	54 (22.6%)	3 (1.3%)
<b>There are certain problems which should not be discussed outside of one's immediate family. (n=239)</b>	17 (7.1%)	76 (31.8%)	58 (24.3%)	64 (26.8%)	24 (10.0%)
<b>People with strong characters can get over psychological problems by themselves and would have little need for professional help. (n=238)</b>	37 (15.5%)	111 (46.6%)	60 (25.2%)	25 (10.5%)	5 (2.1%)
<b>People should work out their own problems; getting professional help should be a last resort. (n=238)</b>	52 (21.8%)	106 (44.5%)	55 (23.1%)	21 (8.8%)	4 (1.7%)
<b>Keeping one's mind on a job is a good solution for avoiding personal worries and concerns. (n=235)</b>	36 (15.3%)	106 (45.1%)	57 (24.3%)	29 (12.3%)	7 (3.0%)

# Treatment Seeking

**Scale Mean, Standard Deviation, and 95% CI by Treatment Seeking in the Last Six Months**

Scale	Yes Mean (SD)	No Mean (SD)	Difference (95% CI)
<b>Stigma Scale</b>	3.21 (0.98)	3.16 (0.85)	0.06 (-0.27, 0.38)
<b>Barriers to Care Scale</b>	2.03 (0.79)	2.16 (0.71)	-0.13 (-0.40, 0.14)
<b>CD-RISC</b>	70.38 (16.47)	76.40 (11.70)	-6.03 (-12.16, 0.11)
<b>PSQ</b>	0.57 (0.19)	0.41 (0.17)	* 0.16 (0.10, 0.23)
<b>VPP</b>	11.06 (3.08)	13.01 (3.25)	** -1.95 (-.74, -3.16)

Note. \* $p < .001$ . \*\*  $p < .002$ .

# Correlations Among Stigma, VPP, ATTs, and Subjective

Variable	1	2	3	4	n
<b>1. Stigma</b>	—				<b>250</b>
<b>2. VPP</b>	<b>.234*</b>	—			<b>239</b>
<b>3. ATTs</b>	<b>-.435*</b>	<b>-.352*</b>	—		<b>238</b>
<b>4. Subjective Norms</b>	<b>-.182**</b>	<b>-.246*</b>	<b>.288*</b>	—	<b>238</b>

Notes. \* $p<0.001$ ,  $p=0.005$ .

# Preferences for MH Access

	<i>n</i> (%)
<b>Military PCP (MD, PA, NP)</b>	<b>16 (6.7)</b>
<b>Military MH professional</b>	<b>68 (28.5)</b>
<b>Military chaplain</b>	<b>27 (11.3)</b>
<b>Civilian PCP (MD, PA, NP)</b>	<b>4 (1.7)</b>
<b>Civilian MH professional</b>	<b>63 (26.4)</b>
<b>Civilian clergy member</b>	<b>14 (5.9)</b>
<b>Face-to-face counseling arranged through MOS</b>	<b>34 (14.2)</b>
<b>Telephone consultation arranged through MOS</b>	<b>4 (1.7)</b>
<b>Online consultation arranged through MOS</b>	<b>3 (1.3)</b>
<b>Another route to access MH services/ counseling</b>	<b>6 (2.5)</b>

# Conclusions

- 1st multi-site study of resilience, stress, & stigma and barriers to accessing mental health services among AF nursing personnel.
- AF nursing personnel have significant concerns that accessing mental health services may harm their career and affect the perceptions of their peers and leaders.
- Personnel who reported having sought mental health services in the previous 6 months had higher stress than those who did not.
- Stigma, barriers, and resilience were not associated with treatment-seeking.

# Conclusions

- The use of a shortened stress tool, such as the PSQ, should be piloted to screen for increased levels of stress and aid in the referral of at-risk individuals to MH services.
- The majority of service members who accessed MH services do so during their service, but care was unrelated to a deployment.
  - If this finding remains consistent in future studies, policy makers will need to consider allocating additional MH resources to improve services for non-deployment related MH concerns being experienced by military personnel.

# Implications

- AF nursing personnel perceive significant concerns about stigma associated with accessing mental health services, but stigma was not associated with treatment-seeking.
- Future research should be conducted to better understand stigma in other service branches and other categories of military health providers.
- Levels of stress may be more relevant to treatment-seeking than stigma.

# Questions



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# Reference

<sup>1</sup>Britt, T., Bennett, E., Crabtree, M., Haugh, C., Oliver, K., McFadden, A., & Pury, C. (2011). The theory of planned behavior and reserve component veteran treatment seeking, *Military Psychology*, 23(1), 82-96. doi:10.1080/08995605.2011.534417